

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)

SERIAL NO.

10/686102

FILING DATE

APPLICANT(S)

7/15/01 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		/					
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49							
50							
TOTAL IND.			4				
TOTAL DEP.			20				
TOTAL CLAIMS			32				

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10/686102
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS